



# 24 Month ASQ-3 Information Summary 23 months 0 days to 25 months 15 days (inclusive)

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Health professional: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**1. SCORE AND TRANSFER TOTALS TO CHART BELOW:** Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). See ASQ-3 *User's Guide* for details, including how to adjust scores if item responses are missing and the activity is untried. Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	25.17		●	●	●	●	●	●	○	○	○	○	○	○	○
Gross Motor	38.07		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	35.16		●	●	●	●	●	●	●	○	○	○	○	○	○
Problem Solving	29.78		●	●	●	●	●	●	○	○	○	○	○	○	○
Personal-Social	31.54		●	●	●	●	●	●	○	○	○	○	○	○	○

**2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 *User's Guide*, Chapter 6.

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| <p>1. Hears well?<br/>Comments: Yes <b>NO</b></p> <p>2. Talks like other toddlers his age?<br/>Comments: Yes <b>NO</b></p> <p>3. Understand most of what your child says?<br/>Comments: Yes <b>NO</b></p> <p>4. Walks, runs, and climbs like other toddlers?<br/>Comments: Yes <b>NO</b></p> <p>5. Family history of hearing problems?<br/>Comments: <b>YES</b> No</p> | <p>6. Concerns about eyesight?<br/>Comments: <b>YES</b> No</p> <p>7. Any medical/health problems?<br/>Comments: <b>YES</b> No</p> <p>8. Concerns about behaviour?<br/>Comments: <b>YES</b> No</p> <p>9. Other concerns?<br/>Comments: <b>YES</b> No</p> |
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**3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practise skills, to determine appropriate follow-up.

If the child's total score is in the  area, it is above the cutoff, and the child's development appears to be on schedule.  
 If the child's total score is in the  area, it is close to the cutoff. Provide learning activities and monitor.  
 If the child's total score is in the  area, it is below the cutoff. Further assessment with a professional may be needed.

**4. FOLLOW-UP ACTION TAKEN:** Tick all that apply.

- \_\_\_\_\_ Provide activities and review in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, eyesight, speech and language, and/or behavioural screening.
- \_\_\_\_\_ Refer to primary health care provider or other community provider (specify reason): \_\_\_\_\_
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time.
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

**5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						